1-2003

KENTUCKY NO FAULT

IMPORTANT:
A. TO ENABLE US TO DETERMINE IF YOU ARE ENTITLED TO BENEFITS UNDER THE POLICYHOLDER'S INSURANCE CONTRACT, YOU MUST COMPLETE AND SIGN THIS FORM
B. YOU MUST ALSO SIGN THE ATTACHED AUTHORIZATION (S).
C. RETURN PROMPTLY WITH ANY MEDICAL BILLS YOU HAVE RECEIVED TO DATE.

DATE	OUR POLICYHOLDER	DATE OF ACCIDENT	FILE NUMBER

TO:_____
CLAIM DEPARTMENT

_____
NAME OF COMPANY

1. YOUR NAME | HOME PHONE NUMBER | BUSINESS PHONE NUMBER

2. YOUR ADDRESS (NO., STREET, CITY OR TOWN, STATE & ZIP CODE) | DATE OF BIRTH | SOCIAL SECURITY NO.

3. DATE AND TIME OF ACCIDENT A.M. P.M. | PLACE OF ACCIDENT (STREET, CITY OR TOWN AND STATE)

4. BRIEF DESCRIPTION OF ACCIDENT

5. DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD OWN A MOTOR VEHICLE? YES _____NO _____

IF "YES," NAME OF INSURANCE COMPANY _____ POLICY NUMBER _____

WERE YOU THE DRIVER OF THE MOTOR VEHICLE? YES _____NO _____
WERE YOU A PASSENGER IN THE MOTOR VEHICLE? YES _____NO _____
WERE YOU A PEDESTRIAN? YES _____NO _____
WERE YOU A MEMBER OF THE MOTOR VEHICLE OWNER'S HOUSEHOLD? YES _____NO _____
HAVE YOU REJECTED THE LIMITATIONS ON YOUR RIGHT TO SUE AS PROVIDED BY KENTUCKY NO-FAULT ACT (KRS 304.39)? YES _____NO _____

6. AS A RESULT OF THIS ACCIDENT, WERE YOU INJURED?
YES _____ (IF YOUR ANSWER IS "YES", COMPLETE THE REST OF THIS FORM.)
NO _____ (IF "NO," SIGN HERE AND REURN THIS FORM TO US.)

_____ _____
Signature Date

7. DESCRIBE YOUR INJURY

8. WERE YOU TREATED BY A DOCTOR? YES _____NO _____ DOCTOR'S NAME AND ADDRESS

9. IF YOU WERE TREATED IN A HOSPITAL, WERE YOU AN IN-PATIENT____ OUT-PATIENT _____ HOSPITAL'S NAME AND ADDRESS

10. AMOUNT OF MEDICAL BILLS TO DATE $_____
WILL YOU HAVE MORE MEDICAL EXPENSE? YES _____NO _____
AT THE TIME OF YOUR ACCIDENT, WERE YOU IN THE COURSE OF YOUR EMPLOYMENT? YES _____NO _____

11. DID YOU LOSE WAGES OR SALARY AS A RESULT OF YOUR INJURY? YES _____NO _____

IF "YES," AMOUNT LOST TO DATE $_____
WHAT IS YOUR AVERAGE WEEKLY WAGE OR SALARY? $_____

12. IF YOU LOST WAGES:
BEGINNING DATE OF DISABILITY FROM WORK: _____ DATE RETUNED TO WORK _____

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13. HAVE YOU RECEIVED OR ARE YOU ELIGIBLE FOR BENEFITS UNDER

    1. ANY WORKMEN'S COMPENSATION LAW? YES ____NO ____

       IF "YES," AMOUNT: $_____ PER WEEK ____PER MONTH_____

    2. SOCIAL SECURITY BENEFITS? YES ____NO ____

14. LIST NAMES AND ADDRESSES OF YOUR EMPLOYER AND OTHER EMPLOYERS FOR 1 YEAR PRIOR TO ACCIDENT DATE. GIVE OCCUPATION AND EMPLOYMENT DATES.

EMPLOYER AND ADDRESS	OCCUPATION	FROM	TO
EMPLOYER AND ADDRESS	OCCUPATION	FROM	TO
EMPLOYER AND ADDRESS	OCCUPATION	FROM	TO

I hereby authorize release of medical information, including but not limited to, medical bills and reports, to such persons as the company may deem necessary.

15. AS A RESULT OF YOUR INJURY, HAVE YOU HAD ANY OTHER EXPENSES? YES ___NO ____
    IF "YES", explain:

WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

_____ _____
Signature Date

……..

DO NOT DETACH

AUTHORIZATION FOR MEDICAL INFORMATION

THIS AUTHORIZATION OR PHOTOCOPY HEREOF WILL AUTHORIZE YOU TO FURNISH ALL INFORMATION YOU MAY HAVE REGARDING MY CONDITION WHILE UNDER YOUR OBSERVATION OR TREATMENT, INCLUDING THE HISTORY OBTAINED, X-RAY PHYSICAL FINDINGS, DIAGNOSIS AND PROGNOSIS. YOU ARE AUTHORIZED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE PERSONAL INJURY PROTECTION BENEFITS (KENTUCKY NO-FAULT) LAW.

_____ _____
Signature Date

……..

DO NOT DETACH

AUTHORIZATION FOR WAGE AND SALARY INFORMATION

THIS AUTHORIZATION OR PHOTOCOPY HEREOF WILL AUTHORIZE YOU TO FURNISH ALL INFORMATION YOU MAY HAVE REGARDING MY WAGES OR SALARY WHILE EMPLOYED BY YOU. YOU ARE AUTHORIZED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE PERSONAL INJURY PROTECTION BENEFITS (KENTUCKY NO-FAULT) LAW.

_____ _____
Signature Date

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MAIL COMPLETED FORM TO:

KENTUCKY ASSIGNED CLAIMS PLAN
10605 Shelbyville Road, Suite 100
Louisville, Kentucky 40223